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THE
HEALTH
OF
HYDE

1953

Borough of Hyde

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BOROUGH OF HYDE

Annual Report
of the
Medical Officer of Health
for the year
1953

F. W. CAMPBELL BROWN, M.D., Ch.B., D.P.H.

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BOROUGH OF HYDE HEALTH COMMITTEE

(31st December, 1953)

Chairman—Councillor J. Walker.

His Worship the Mayor (Councillor W. Brearley, J.P.)

Alderman W. Barton

Councillor H. Wilcox

Councill G. Kemp

Councillor J. H. Smith

Councillor B. Armitage

Councillor H. E. Dunkerley

Councillor Mrs. I. G. Jones

Councillor A. Jolly

HYDE DIVISIONAL HEALTH COMMITTEE

(Cheshire County Council)

Members of the Divisional Health Committee as on 31st December, 1953.

Chairman—Mrs. M. Barton.

Vice-Chairman—Mrs. H. A. Bradley.

Ex-Officio—Ald. G. Astbury, (Chairman, County Health Committee)

Coun. A. Whitley, (Deputy-Chairman, County Health
Committee)

County Council—S. T. Brooks, Esq., c.c.

J. Wright, Esq., c.c.

J. Turner, Esq., c.c.

Two vacancies.

Hyde Borough Council—Mrs. I. Jones.

W. Barton, Esq.

T. W. Dent, Esq.

R. Lowe, Esq.

L. Harwood, Esq.

H. A. Taylor, Esq.

W. Mansfield, Esq.

E. Sefton, Esq.

J. Walker, Esq.

H. E. Dunkerley, Esq.

Tintwistle R.D.C.—Mrs. H. A. Bradley

Longdendale U.D.C.—G. Parker, Esq. L. J. Webb, Esq.

Co-opted Members—

Mrs. R. M. Frost, representing Longdendale U.D.C.

Mrs. J. Bagshaw, representing Tintwistle R.D.C.

Mrs. M. Brown representing Divisional Executive for Education.

Dr. R. P. Watkins representing Local Medical Panel Committee.

Mrs. H. Tinker representing District Nursing Association.

Mrs. D. Adamson, representing Hyde Borough Council.

Mrs. M. Barton representing Hyde Borough Council.

J. Clegg, Esq., representing Ashton, Hyde and Glossop Hospital
Management Committee

G. Kershaw, Esq. (Ambulance only) representing N.E. Cheshire
Committed

Clerk to the Committee—John Binns, Esq.

Staff of the Borough of Hyde Health Department 1953.

Medical Officer of Health : *F. W. C. BROWN, M.D., D.P.H.

Chief Sanitary Inspector : T. Nicholson.

Additional Sanitary Inspectors : H. Pike, R. R. T. Mortimer.

Chief Clerk : *P. T. Beard.

Other Clerical Staff : N. A. Buckley, *Mrs. A. Bannister, *Miss S. Ainscough (to 1/8/53), *Miss A. Buttery commenced 1/8/53).

Staff of Hyde Divisional Health and School Medical Services of the Cheshire County Council

Divisional Medical Officer and School Medical Officer :

*F. W. C. BROWN, M.D., D.P.H.

Assistant County Medical Officer :

J. G. Bennett, M.D., (died 11th March, 1953)

Barbara Jones, M.B., Ch.B., (commenced 1st June, 1953).

Dental Surgeon : Miss L. Kippen, L.D.S., D.P.D.

Chief Clerk : *P. T. Beard.

Ambulance Supervisor : F. Mellor, A.M.I.E.T.

Clerical Staff : Mrs. A. Gratton (resigned 31st July, 1953), Miss S. Ainscough (full-time from 1st August, 1953), *Mrs. A. Bannister, *Miss A. Buttery (commenced 1st August, 1953), Miss B. Higginbottom (Schools Clerk/Attendant), Mrs. E. I. Cooke, (Dental Clerk/Attendant.)

Health Visitors/School Nurses : Miss I. Burrill (retired 30th May, 1953), Miss F. Lonsdale, Miss D. Wood, Mrs. D. Herring (re-joined Division 1st June, 1953), Miss M. Taylor, Miss G. T. McAllister.

Home Nurses—Hyde : Miss H. Sutton, Miss G. McClean, Part Time Mrs. A. Barber, Mrs. G. Pugh (left February, 1953).

Mottram and Broadbottom : Mrs. M. Huyton.

Hollingworth and Tintwistle : Mrs. G. E. Hewitt.

Midwives : Mrs. A. Hall, Miss L. Sambrook, Miss L. Kitchen, Miss P. Schofield

†Clinical Specialists attending Clinics in the Division :

Paediatrician : J. D. Allan, M.D., F.R.C.P.

Orthopaedic Surgeon : C. M. Dransfield, F.R.C.S.

Gynaecologist : T. B. Fitzgerald, F.R.C.S., M.R.C.O.G.

Hon. Adviser in Epidemiology : F. W. C. Brown, M.D., D.P.H.

Ophthalmic Surgeon : B. Boas, M.D., (Berlin),
(commenced 1st April, 1953).

† Staff of Regional Hospital Board allocated to specific duties within the Hyde Division.

* Part-time Divisional Health, part-time Borough Health.

INTRODUCTION

The main duty of a medical administrator in communal health has always been to seek out the cause, and even endeavour to anticipate any deterrent to normal health in the community over which he bears an active share of the responsibility. In order to be successful, he must keep abreast of advances in medical research and, guided by his experience take steps to apply any new knowledge coming to light from time to time in his sphere as occasion arises.

Policy is usually fashioned upon successful field trials, but must be sufficiently flexible to allow for changes in the light of any new knowledge and from the experience of its effects. Around a century ago, for instance, when as the result of industrial development, towns and cities grew by the segregation of the population into more confined spaces, emphasis was stressed upon the need for improved water supplies and for better sanitation as a safeguard against diseases which were known to arise from lack of attention previously paid to these sources of danger. The present-day water-carriage sewerage system replaced the privy midden and with this change some communicable diseases disappeared to a large extent. The effect of this policy was not immediate but nevertheless the ultimate result proves the efficacy of this step so far as it went.

Other communicable diseases however continued to take their toll of life, and, in order to combat these, the extension of infectious diseases hospitals and the erection of new ones was embarked upon, having as their main purposes, the isolation of cases of infectious diseases from the rest of the community. In this Borough an epidemic of Smallpox dealt a severe blow in 1856 and a temporary hospital was erected hurriedly for this reason. Prompted by the efficacy of this step in controlling that disease, the Borough Council extended its attention fifty years later to other communicable diseases by building a new hospital which could deal with several such diseases within its walls. Here again, results were not immediately manifest, nor were they completely effective; as an initial step reasonably good results were nevertheless achieved. This is obvious by the fact that the original temporary hospital buildings have now been demolished and will not require replacement if vaccination against Smallpox be pursued adequately, while in the later built hospital only a small percentage of the beds is now reserved for the purpose for which it was originally intended. Aged and chronic sick patients now occupy the majority of the beds originally reserved for children suffering from infectious diseases of all types, and as long as the modern policy of immunisation treatment is persevered with there should be no need to retain, far less extend, this accommodation.

For the purpose of treatment these hospitals served a useful purpose, but to prevent epidemics by isolation of cases they did not provide the complete answer, although much of the research in methods of their prevention was born and tried out in them. Therefore, although this policy of hospital isolation was not a complete success in its purpose, it has enabled modern technique to be studied, and which is now proved to be effective as in the case of Diphtheria, Whooping Cough and Tuberculosis.

To-day, the medical administrator's task in this sphere is to encourage the community to take advantage of modern methods by eliminating the diseases for which these hospitals were built as isolation and treatment centres. Just as Cholera hospitals have become extinct so also will the majority of infectious diseases hospitals disappear as such and become available for other purposes.

The extension of protective immunisation and vaccination methods to build up natural resistance to infective disease is now well established and is in favour generally in the public mind. Present-day policy aims at providing protective treatment for the individual, in addition to continuing those steps taken over a hundred years ago to safeguard the community as a whole. What will a further century reveal and what further advances and knowledge will be achieved to dictate the trend of future policy?

One could envisage the present phase of artificially stimulating natural resistance to disease as producing in the course of time a generation in which nature by itself will supply the necessary stimulus to withstand the ills of man.

Yet the need remains for the expansion of treatment for non-infectious ailments in those people who form the lengthy lists of patients awaiting relief in general hospitals. The policy of concentrating upon curative methods at the relative expense of providing adequate measures to seek out the causes of the wear and tear of the body's functions is one which requires revision; research certainly is given a place in the field of curative methods, but, by taking a longer view, is quite inadequate in the field of discovering the cause of disease and so effectively reducing the need for expansion of treatment centres.

It may be that the measures now being taken to safeguard the health of the child and young adult will provide a more solid foundation for him to withstand the stresses and strains of later life to a greater extent than were available to his forefathers. Time alone can prove the efficacy of these measures, the inception of which were the legislative powers contained in the Notification of Births Act of 1918.

August 1954.

F.W.C.B.

SECTION 1.

GENERAL STATISTICS.

Area (in acres)	4,195
Population (Census 1951)	31,494
Population (Registrar-General's Estimate for 1953)	31,780
Number of Inhabited Houses as at 31st December, 1953	10,989

EXTRACTS FROM VITAL STATISTICS OF THE YEAR—BIRTHS REGISTERED.

Legitimate	Males	207	Females ...	176	Total	383
Illegitimate	Males	9	Females ...	8	Total	17

Crude Birth Rate ... Hyde	12.6	England and Wales ...	15.5	400		
Comparative Birth Rate ... Hyde	13					----

STILLBIRTHS

Legitimate	Males	2	Females ...	4	Total	6
Illegitimate	Males	—	Females ...	—	Total	—

						6

Births.

The number of births registered during 1953 was 400 which reveals a reduction of 21 in the number recorded in the previous year and compared with the average of 461 for the previous five years. There has been a progressive fall in the number of births since 1947 when 661 were recorded, revealing the peak year of an increase which commenced after the last war.

Meanwhile the provision of social services relating to child welfare and educational facilities must for a further ten years be affected by such wide variations as between 661 births in 1947 and 400 in 1953.

Location of Births and Still-Births Notified.

The following table indicates where the 428 infants notified have been born and is of particular interest by revealing how the numbers have been modified by the National Health Service Act, which came into operation in mid 1948-

No. born in	Year 1947		1948		1949		1950		1951		1952		1953	
(a) Dwelling Houses	256	% 36	207	% 36	123	% 25	128	% 28	102	% 23	86	% 20	106	% 23
(b) Maternity Homes	247	36	233	42	227	47	214	46	246	54	192	44	177	41
(c) Hospitals	207	28	133	22	132	28	122	26	102	23	157	36	145	31
(d) Totals of (b) and (c)	454	64	366	64	359	75	336	72	348	77	349	80	322	72

Comparison between the figures in (a) and (d) reveals the trend for lying-in women to enter Maternity institutions in preference to remaining in their homes ; during 1953, therefore, three of every four of the infants were born in institutions of one type or other. This being a slightly higher proportion than for the previous 2 years could be due to the increased Government grant now available to mothers who elect to remain at home for the lying-in period.

Deaths.

The total number of deaths registered at all ages was 413 giving a crude death rate of 13 per 1,000 of the population, compared with the average figure of 14.8 for the previous five years.

For comparative purposes with other areas this rate—adjusted by using the comparability factor supplied by the Registrar General—is 12 per 1,000 population as against 11.4 for the whole country.

The number of infants who died under the age of twelve months was 9, revealing an Infantile Mortality Rate of 22.5 per 1,000 births, compared with an average figure for the previous five years of 37.9 and with a rate of 26.8 for the whole country.

Of these 9 deaths, 6 occurred during the first month of life.

Table 2 reveals the actual cause of deaths of infants.

In addition, 6 infants were stillborn. No deaths due to pregnancy occurred.

The highest proportion of the total deaths is accounted for by Diseases of the Heart and Blood Vessels (50 per cent.), Cancer (15 per cent.), Disease of the Respiratory Organs (15 per cent.) (Vide Table 1).

Approximately two-thirds of the deaths occurred in persons over pensionable age. The actual figures being:-

Deaths under 65 years of age	... ..	32.3 per cent.
Deaths between 65 and 74 years of age	... ..	28.7 per cent.
Deaths between 75 and 84 years of age	... ..	31.8 per cent.
Deaths 85 years and over	... ..	7.2 per cent.

DEATHS REGISTERED.

Males 206. Females 207. Total 413.

Death Rate: Hyde 13; England and Wales 11.4.

Comparative Death Rate: 12.

TABLE 1—REGISTRAR GENERAL'S RETURN.

Cause of Death	Males	Females	Total
Influenza	6	8	14
Tuberculosis of Respiratory System	6	2	8
Tuberculosis (other forms)	1	—	1
Cancer—Malignant Disease	29	32	61
Diabetes	—	1	1
Cerebral Hæmorrhage, etc.	23	31	54
Heart Disease	40	58	98
Other Heart Diseases (Angina)	26	12	38
Other Circulatory Diseases	7	10	17
Bronchitis	24	13	37
Pneumonia (all forms)	8	6	14
Other Respiratory Diseases	3	1	4
Peptic Ulcer	4	2	6
Enteritis, etc.	2	1	3
Acute and Chronic Nephritis	4	3	7
Motor Accidents	1	—	1
Other Accidents	3	2	5
Other defined Diseases	19	25	44
All Causes	206	207	413

DEATHS OF INFANTS UNDER ONE YEAR OF AGE

Number of Deaths :		Deaths per 1000 Births :	Deaths of Infants under 4 weeks of age :
Legitimate	9	Hyde 22.5	Legitimate 6
Illegitimate	—	Eng. & Wales ... 26.8	Illegitimate —

TABLE 2. INFANTILE DEATHS, 1953

Causes of Death Among Infants	AGE													Total
	1st Four Weeks				1st Three Months				The Four Quarters					
	0-1	2	3	4	*0-1	1	2	3	*0-1	2	3	4		
Asphyxia (Accidental)	1	...	...	...	1	...	...	...	1	...	1	...	2
Heart disease	...	1	...	...	1	1	...	...	2	...	...	...	2
Prematurity	1	...	...	...	1	...	...	...	1	...	...	...	1
Injury at Birth	1	1	...	...	2	...	...	...	2	...	...	...	2
Pneumonia	...	...	1	...	1	...	...	...	1	1	...	...	2
All Causes	3	2	1	...	6	1	...	...	7	1	1	..	9

* This column includes all deaths in preceding columns

SECTION II.

INFECTIOUS DISEASES.

The figures given in Tables 3 and 4 reveal a year of relative freedom of epidemics of serious infectious disease among the population.

TABLE 3.

INFECTIOUS DISEASES 1948-1953.

	Year 1948	1949	1950	1951	1952	1953
Scarlet Fever	41	139	113	90	38	62
Diphtheria	—	—	—	—	—	—
Measles... ..	121	337	43	675(1)	46	552
Whooping Cough	83(2)	52(1)	106(1)	39(1)	9	96
Poliomyelitis	—	—	3	—	—	—
Tuberculosis of Lungs ...	19(16)	29(11)	23(12)	18(10)	27(2)	18(7)
Tuberculosis of other sites	9(2)	7(2)	8	3(2)	7(2)	6

(Figures in parenthesis indicate deaths)

Tuberculosis.

The number of persons on the register on 31st December, 1953, who suffer from Tuberculosis (a) of the lungs was 149 and (b) of other parts of the body was 43, total 192.

New cases recorded during the year included 18 with disease in the lungs, and 6 with the focus in other sites. The deaths due to this disease numbered 7 not necessarily all occurring in newly recorded cases.

The response given by the Corporation in affording special consideration to suitable tubercular families who make application for rehousing purposes must be commended. Twenty such families were rehoused upon grounds of ill-health due to this disease during 1953.

Additional comments upon the prevention of spread of this condition are recorded in pages 36 and 39.

TABLE 4.
CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1953.

Notifiable Diseases	Under 1 year	1 to 2	3 to 4	5 to 9	10 to 14	15 to 24	25 to 65	66 to X	At all ages	Cases adm'tted to Hospital
Scarlet Fever	--	2	11	38	7	3	1	--	62	31
Pneumonia	2	2	3	5	2	1	11	6	32	--
Erysipelas	1	--	--	--	--	--	8	3	12	--
Measles	8	121	159	257	3	1	--	--	549	--
Whooping Cough ...	1	18	23	49	4	--	1	--	96	--
Dysentery	--	--	--	--	--	--	--	--	--	--
Puerperal Pyrexia ...	--	--	--	--	--	2	1	--	3	--
Food Poisoning	--	--	--	--	--	--	3	--	3	--
Tuberculosis :										
Pulmonary	--	--	--	2	2	3	10	1	18	
Non-Pulmonary	--	1	1	1	--	2	1	--	6	
	12	144	197	352	18	12	36	10	781	31

SECTION III.

SANITARY CIRCUMSTANCES IN THE AREA.

Water Supply.

Domestic water is supplied by the Manchester Corporation (Woodhead supply) and by the Ashton Corporation. Both are moderately soft waters and treated for purity at the source, but the former water frequently has a peaty discolouration. Four service reservoirs are used, one of which is of old stone-pitched construction and none is covered. In recent years considerable expense has been incurred in remedying known sources of pollution of the water in Arnold Hill, and the water has been re-chlorinated but, despite this, the analysis of samples reveals that intermittent contamination is taking place.

A scheme for the modernisation and expansion of the Waterworks undertaking has been submitted to the Ministry of Housing and Local Government for approval. This proposes a new filtration, sterilisation and pumping plant at Pudding Lane, new service reservoirs at Pudding Lane and Harrop Edge, new pumping and gravity trunk mains, and the roofing of the existing service reservoirs.

This scheme has been designed to serve the "overspill" area if this is proceeded with. If not, a revised scheme will have to be submitted to the Ministry. The proposals also include a small pump and service tank to feed property on Werneth Low.

A local supply for industrial purposes is filtered, but is unfit for domestic use.

The total daily consumption is 1.25 million gallons, or 40.3 gallons per head, of which 0.68 million gallons or 21.0 gallons per head is the domestic consumption.

The water is supplied through approximately 62 miles of mains, many of which are old and in need of cleaning and renewal. A length of trunk main has been reconditioned experimentally.

Corporation piped water supplies 11,029 dwellings in the Borough. Wells and springs are the source of supply to 120 farms and dwellings on the outskirts of the town and which cannot be considered satisfactory.

Of 19 samples of Corporation drinking water examined 15 were found to be highly satisfactory. 6 samples were also taken from wells and springs, of which 2 were unsatisfactory. In addition 9 samples were taken of the industrial supply, only one of which was satisfactory.

Water supplied to the Public Swimming Baths is also regularly examined. During the year, 3 samples of this water were examined, all of which were satisfactory.

Closet Accommodation.

The number of premises fitted with closets of the various types at the end of 1953 was approximately :-

W.C's. with cistern flush		W.C's. hand flushed and waste water		Privies		Pails	Chemical Closets
6963	...	4837	...	12	...	103	8

To encourage the conversion of slop-closets to cistern-flushed W.C's. the Council provide a grant of £5 to be paid for each conversion in approved cases. Payment of these grants commenced on April 1st, 1948, and 50 grants have been provided for in each financial year since, for all of which application has been approved.

Receptacles in Use.

The number affecting the work of this department is made up as follows.-

Ashbins		Ashpits		Pail Closets		Privy Middens		Cesspools
12246	...	Nil	...	109	...	12	...	32

Sanitary Inspection of the Area.

The following tabular statement has been prepared in accordance with Article 27 of the Sanitary Officers (Outside London) Regulations, 1935, and contains information as to :-

- The number and nature of inspections made during the year.
- The number of notices served during the year, distinguishing statutory from informal notices.
- The results of the service of such notices.

TABLE 5. STATEMENT OF SANITARY INSPECTIONS FOR YEAR ENDING DECEMBER 31st, 1953

Inspections		No. of Notices served		Results of Service of Notices		Notices Outstanding
Nature	Number	Informal	Statutory	Complied with by owner or occupiers	Complied with by Corporation in default	
Housing Survey	201	...	...	...	...	...
Recorded Housing Inspections	130	...	...	...	...	...
Other Houses under P.H.A. or H.A.	1261	337	16	242	...	95
Revisits to property under notice	1340	...	...	...	...	...
Courts, Yards and Passages	250	...	...	...	...	...
Pail Closets	1	1	...	1	...	...
Ashbins and Ashpits	210	84	12	80	3	1
Premises re keeping of Animals	1	...	...	...	...	...
Stables	3	...	...	...	...	...
Piggeries	35	...	...	...	...	...
Slaughterhouses	69	...	...	...	...	...
Ice Cream Premises	33	...	...	...	...	...
Bakehouses	95	...	...	...	...	...
Licensed Premises	169	51	...	18	...	33
Other Food Premises	938	4	...	4	...	1
Farms and Dairies	44	1	...	...	...	...
Milk--Tubercle Bacilli Samples	89	...	...	...	...	...
Methylene Blue Samples	91	...	...	...	...	...
Sediment Test Samples	10	...	...	...	...	...
Fat Test Samples	11	...	...	...	...	...
Pasteurised Samples	11	...	...	...	...	...
Sterilised Samples	8	...	...	...	...	...
Ice Cream Samples (Methylene Blue)	16	...	...	...	...	...
Water-Bacteriological and Chemical Samples	38	...	...	...	...	...
Observations and Visits re Smoke	106	...	...	...	...	...
Common Lodging Houses	12	...	...	...	...	...
Other Premises under P.H.A.	20	...	...	...	...	...
Factories with Mechanical Power	56	...	...	...	...	...
Factories without Mechanical Power	9	...	...	...	...	...
Outworkers Premises	...	...	...	...	...	...
Visits re Rag Flock Act	...	...	...	...	...	...
Infectious Diseases	119	...	...	...	...	...
Verminous Premises	95	...	...	...	...	...
Offensive Trades	35	...	...	...	...	...
Potent Control	274	27	...	22	...	5
Public Conveniences	204	...	...	...	...	...
Overcrowding	44	...	...	...	...	...
Shops	19	...	...	...	...	...
Slop-Closet Conversions	236	...	...	...	...	...
Diseases of Animals Acts	76	...	...	...	...	...
Refuse Removal	231	...	...	...	...	...
Refuse Disposal	85	...	...	...	...	...
Salvage	212	...	...	...	...	...
Movable Dwellings	8	...	...	...	...	...
Cinemas, etc	9	...	...	...	...	...
Committees, etc.	73	...	...	...	...	...
Interviews	904	...	...	...	...	...
Dangerous Structures	41	1	...	...	...	1
Pet Animals Act	17	...	...	...	...	...
Workplaces	8	...	...	...	...	...
Miscellaneous	1307	...	...	...	...	...
TOTALS	9254	506	28	367	3	136

TABLE 6.

DEFECTS REMEDIED DURING 1953.

Dwelling-houses.

Defective ceiling construction	...	...	...	...	...	...	...	...	...	24
„ plaster	...	...	...	...	...	...	...	...	...	106
„ floors	...	...	...	...	...	...	...	...	...	29
„ kitchen ranges, fireplaces and flues	...	...	...	...	...	...	...	...	...	19
„ wash boilers	...	...	...	...	...	...	...	...	...	3
„ windows and cords	...	...	...	...	...	...	...	...	...	38
„ doors	...	...	...	...	...	...	...	...	...	5
„ staircases	...	...	...	...	...	...	...	...	...	8
„ damp proof courses	...	...	...	...	...	...	...	...	...	16
„ sinks	...	...	...	...	...	...	...	...	...	1
„ sink waste pipes	...	...	...	...	...	...	...	...	...	3
„ water supply	...	...	...	...	...	...	...	...	...	7
„ Roofs	...	...	...	...	...	...	...	...	...	82
„ external walls rebuilt	...	...	...	...	...	...	...	...	...	4
„ pointing and brickwork of walls	...	...	...	...	...	...	...	...	...	26
„ chimneys	...	...	...	...	...	...	...	...	...	15
„ yard paving or walls	...	...	...	...	...	...	...	...	...	3
„ rain water pipes	...	...	...	...	...	...	...	...	...	18
„ eavesgutters	...	...	...	...	...	...	...	...	...	64
„ dustbins and sanitary pails	...	...	...	...	...	...	...	...	...	82
„ drains reconstructed or repaired	...	...	...	...	...	...	...	...	...	78
„ choked W.C's.	...	...	...	...	...	...	...	...	...	39
„ defective W.C. apparatus	...	...	...	...	...	...	...	...	...	11
„ defective W.C. buildings	...	...	...	...	...	...	...	...	...	14
Accumulation of refuse removed	...	...	...	...	...	...	...	...	...	1
Shops Act—Miscellaneous	...	...	...	...	...	...	...	...	...	—
Miscellaneous	...	...	...	...	...	...	...	...	...	—

Factories.

Miscellaneous Nuisances	7
-------------------------	-----	-----	-----	-----	-----	-----	-----	-----	-----	---

Food Premises.

Washing facilities	...	...	...	...	...	...	...	...	...	7
Floors, walls and ceilings	...	...	...	...	...	...	...	...	...	32
Limewashing	...	...	...	...	...	...	...	...	...	4
Other	...	...	...	...	...	...	...	...	...	49

Total	795
-------	-----	-----	-----	-----	-----	-----	-----	-----	-----	-----

HOUSING STATISTICS

Number of New Houses Erected During the Year :

1. By the Local Authority	371
2. By other bodies or persons	22

Inspection of Dwelling-Houses During the Year :

1. (a) Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	1592
(b) Number of inspections made for this purpose...	2973
2. (a) Number of dwelling houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	548
(b) Number of inspections made for the purpose	548
3. Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	26
4. Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation...	283

Remedy of Defects During the Year Without Service of Formal Notice :

Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their officers	156
---	-----

Action under Statutory Powers During the Year :

(a) Proceedings under Public Health Acts:-	
(1) Number of houses in respect of which Notices were served	14
(2) Number of houses in which defects were remedied:-	
(a) By Owners	13
(b) By Local Authority	—
(b) Proceedings under Section 11 of the Housing Act of 1936:-	
(1) Number of houses in respect of which Demolition Orders were made	17
(2) Number of houses demolished in pursuance of Demolition Orders	—
(3) Number of houses in respect of which undertakings not to re-let were accepted	5
(4) Number of houses in respect of which Closing Orders were made	4

Housing Act, 1936 (Part IV.)—Overcrowding.

(a)	(I)	Number of dwellings overcrowded at end of year	...	18
	(II)	Number of families dwelling therein	... ..	20
	(III)	Number of persons dwelling therein	... ..	134
(b)		Number of new cases of overcrowding reported during the year	... ..	6
(c)	(I)	Number of cases of overcrowding relieved during the year	... ..	20
	(II)	Number of persons concerned in such cases	... ..	159

Defective Houses.

	1934-44	1945	1946	1947	1948	1949	1950	1951	1952	1953	Total
Houses demolished or finally closed	392	—	3	2	1	2	17	7	5	—	429
Houses or parts of houses closed or vacated	53	1	—	—	—	11	1	1	1	3	71

Number of Persons Displaced from Houses to be Demolished or Closed :

From				Persons		Total	
				Families	M	F	
Clearance Areas ...	1953	...	—	...	—	—	...
Individual Houses...	1953	...	3	...	7	7	14
Total since inception of programme in 1934...				524	834	892	1726

Re-Housing.

I am indebted to Mr. G. L. Simpson, Housing Officer for the following figures which refer to the re-housing of families in Corporation houses in 1953 :-

Total lettings (including exchanges and transfers)	...	676
Tuberculosis cases re-housed	...	11
Overcrowded families re-housed	...	12
Families in Lodgings re-housed	...	293
Families in Individual Unfit Houses re-housed	...	8

Housing Survey.

In November 1953 a Housing Survey was commenced by the Sanitary Inspectors. It is proposed to inspect all the older houses in the Borough area by area, with a view to preparing a Slum Clearance programme to find out what repairs are necessary, and which houses are suitable for improvements which would bring them up to modern standards. The information obtained will also be useful in dealing with Applications for Certificates of Disrepair under the new Housing Repairs and Rents Bill, when this becomes law.

By the end of the year 201 houses had been inspected. If this work is to be completed in a reasonably short time, it seems certain that additional staff will be required.

Disinfection and Disinfestation.

During the year 35 houses were disinfected following infectious disease. In addition, the following articles were destroyed at the request of their owners, following deaths, long illnesses, or for other reasons:-

Beds	...	...	...	...	...	...	...	...	...	...	191
Bedsteads	...	...	...	...	...	...	...	...	...	...	110
Mattresses	...	...	...	...	...	...	...	...	...	...	40
Pillows	...	...	...	...	...	...	...	...	...	...	67
Bundles of Clothing	...	...	...	...	...	...	...	...	...	...	48

27 houses were found to be bug infested, and were treated by the Department with a liquid insecticide containing D.D.T. Of these, 23 were Council houses. In conjunction with this work, 16 houses were given a "protective" treatment to prevent infestation.

Treatment was also carried out for the eradication of other insect pests from houses and food premises including

Beetles, (cockroaches) etc.	...	...	...	...	...	...	...	...	...	44
Silverfish	...	...	...	...	...	...	...	...	...	4
Earwigs	...	...	...	...	...	...	...	...	...	1

Rodent Control.

Under the Prevention of Damage by Pests Act, 1949, the Local Authority is responsible for inspecting the district to discover rodent infestations. The inspection and treatment of business premises, particularly food premises, occupies a large proportion of the time of the two rodent operators..

In addition, much good work has been done in treating infestations in private dwellings (this work being carried out free of charge); In inspecting Local Authority property and treating where necessary; and in carrying out two "maintenance treatments" for the destruction of rats in sewers together with surface treatments of the Sewage Works.

The number of premises found to be infested during the year was 236 (105 rats, 131 mice). Of the 131 infestations by mice, only 10 could be classed as "serious". A total of 268 treatments was carried out to deal with these infestations, and the number of visits made was 2,727.

The following table gives details of the work done:-

PREVENTION OF DAMAGE BY PESTS ACT, 1949
TYPE OF PROPERTY

	Local Authority	Dwelling Houses	Agri- cultural	All other (including Business & Industrial)	Total
1 Total number of properties in Local Authority's district ...	15	11244	60	1062	12381
2 Number of properties inspected by the Local Authority during (a) 1952 as a result of (a) of noti- fication or (b) survey ... (b)	3	107	—	46	156
3 Number of properties (under 2) found to be infested by rats <i>major</i> <i>minor</i>	— 4	— 61	— —	— 40	— 105
4 Number of properties (under 2) found to be seriously infested by mice	2	5	—	3	10
5 Number of infested properties treated by the Local Authority (including minor mice infestations)	9	149	—	78	236
6 Number of Notices served under section 4— (1) Treatment (2) Structural works (i.e.) Proofing... ..	— —	— 11	— —	— 1	— 12
7 Number of "Block" Control schemes carried out ...	4				

It was not found necessary to take any proceedings under this Act

FACTORIES ACT, 1937 and 1948

1—INSPECTIONS for purposes of provisions as to health including inspections made by Sanitary Inspectors

Premises 1	M/c line No. 2	Number on Register 3	Number of			M/c line No. 7
			Inspections 4	Written Notices 5	Occupiers Prosecuted 6	
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	1	35	9	—	—	1
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	2	182	89	9	—	2
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers premises)	3	3	—	—	—	3
TOTAL ...		220	98	9	—	

2—CASES IN WHICH DEFECTS WERE FOUND

Particulars 1	M/c line No. 1	Number of cases in which defects were found				Number of cases in which proceedings were instituted 7	M/c line No., 8
		Found 3	Remedied 4	Referred to H.M. Insp'tor 5	Referred by H.M. Insp'tor 6		
Want of cleanliness (S.1)	4	1	1	—	1	—	4
Overcrowding (S.2)	5	—	—	—	—	—	5
Unreasonable temperatures (S.3)	6	—	—	—	—	—	6
Inadequate ventilation (S.4)	7	—	—	—	—	—	7
Ineffective drainage of floors (S.6)	8	—	—	—	—	—	8
Sanitary Conveniences (S.7)—							
(a) Insufficient	9	1	1	—	1	—	9
(b) Unsuitable or defective	10	8	3	—	4	—	10
(c) Not separate for sexes	11	—	—	—	—	—	11
Other Offences against the Act (not including offences relating to Outwork)	12	—	—	—	—	—	12
TOTAL ...	60	10	5	—	6	—	60

3—OUTWORKERS. 92 outworkers were registered, all of whom make wearing apparel. No offences against this Section were reported

INSPECTION AND SUPERVISION OF FOOD.

In August, 1950, the Byelaws for the Handling, Wrapping, and Delivery of Food came into operation in the Borough. The Council has also approved a Code of Practice for Food Traders, in conjunction with the Councils of eight neighbouring Local Authorities, in an effort to obtain uniformity over a fairly wide area.

Milk Supply.

Under the Milk and Dairies Regulations 1949, and the various Milk (Special Designations) Regulations of that year, there are now 143 registered Milk Distributors and 14 registered Dairies, and the following licences have been issued:-

Registration.

21 dealers' licences and 4 supplementary licences in respect of Tuberculin Tested milk, 22 dealers' licences and 4 supplementary licences in respect of Pasteurised milk, and 142 dealers' licences and 4 supplementary licences for Sterilised milk.

Tests for Cleanliness, etc.

91 samples of raw milk were examined of which 78 satisfied the Methylene Blue Test and 13 were unsatisfactory, 11 samples of Pasteurised milk were submitted to the Phosphatase and Methylene Blue Tests, all being satisfactory, and 8 samples of Sterilised milk were submitted to the Turbidity Test, all of which were satisfactory. These samples were examined by the Public Health Laboratory at Monsall Hospital, Manchester. Sediment Tests were carried out on 10 samples and Gerber Tests on 11 samples in the Department, all of which satisfied the tests.

Tests by Innoculation of Guinea Pigs for Tubercle Bacilli.

The main object of sampling is the search for Tuberculosis, and the result of this year's work is shown in the table below and compared with the results of previous years.

Of the 89 samples of milk submitted to examination, 5 or 5.62 per cent. were found to contain Tubercle Bacilli. In all cases where positive results were obtained the appropriate County Medical Officer of Health was notified, the offending animal traced, if possible, and destroyed in accordance with the Tuberculosis Order, 1925.

The figures for the past 17 years are shown below :-

Year	No. of samples examined	No. of samples found to contain Tubercle Bacilli	Percentage containing Tubercle Bacilli
1936	61	9	14.75
1937	51	10	19.68
1938	70	8	11.42
1939	72	5	6.94
1940	66	3	6.54
1941	60	3	5.60
1942	73	6	8.22
1943	81	3	3.70
1944	162	6	3.70
1945	163	15	9.20
1946	152	7	4.60
1947	64	2	3.12
1948	152	5	3.29
1949	167	12	7.19
1950	121	13	10.74
1951	112	3	2.68
1952	129	3	2.33
1953	89	5	5.62

Ice Cream.

There are 6 manufacturers and 94 vendors of Ice Cream on the register of which the premises of 8 vendors were newly registered in 1953. Of the manufacturers, three manufacture Ice Cream regularly, one makes it only occasionally, and the remaining two retail a pre-packed Ice Cream manufactured elsewhere.

During the year 16 samples were tested by the Methylene Blue test, 11 proving satisfactory. Of these samples 9 were of Ice Cream manufactured outside the Borough.

Licensed Premises.

The survey of licensed premises commenced in 1952 was completed early this year, a total of 63 public houses being inspected. Particular note was taken of (1) the general condition of the premises ; (2) the adequacy of the sanitary accommodation ; (3) the condition of the cellars ; (4) the facilities for glass washing ; (5) the methods for cleansing beer-pumps and pipes, and the material of beer-pipes ; (6) the types of catering carried out. The owners were informed of any structural defects found either in the licensed rooms or the licensee's living quarters, and the Licensing Justices were also provided with copies of the report prepared on the Survey

In 3 premises improvements were carried out, and in 17 premises minor improvements were effected since the survey. In 8 other premises plans have either been submitted or are being prepared for substantial improvements.

Meat Inspection.

No regular inspection of carcasses is carried out in the Borough—that consumed being inspected at No. 2 Slaughterhouse in Stockport by inspectors from Hyde, Marple, Denton, Audenshaw, Bredbury and Romiley. The following particulars indicate the quantity of unsound meat condemned by the Hyde Sanitary Inspectors.

Disease or Condition.

						Tons	Cwts.	Qrs.	lbs,
Bovine Tuberculosis	...	...	...			8	16	2	24
Distomatosis	...	...	...	...			9	0	1
Abscesses	...	...	...	...	...		11	2	10½
Cavernous Angioma	...	...	...				7	0	20
Cirrhosis	...	...	...	...	...			2	23½
Hydatid Cysts	...	...	...	...	...		2	0	12½
Mastitis	...	...	...	...	...		11	0	8
Cysticercus Bovis	...	...	...	...			2	1	17½
Strongyli Rufescens	...	...	...				1	3	20½
Inflammation	...	...	...	...			5	2	11
Oedema	...	...	...	...	...			3	10
Injury	...	...	...	...	...		1	0	7
Actinomycosis	...	...	...	...	...		1	1	10
Tainted	...	...	...	...	...		5	0	18½
Pleurisy	...	...	...	...	...		1	0	3
Miscellaneous	...	...	...	...			1	1	24½
†						11	19	0	25½
Other Foods—Canned	...	...	...			2	0	3	16
Not Canned	...	...	...				14	1	26
Total						14	14	2	11½

CARCASSES INSPECTED AND CONDEMNED.

	Cattle exclu- ding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number inspected	663	657	249	4578	5
ALL DISEASES EXCEPT TUBERCULOSIS :-					
Whole carcasses condemned ...	—	—	—	4	—
Carcasses of which some part or organ was condemned ...	130	300	—	244	1
Percentage of number inspec- ted affected with disease other than Tuberculosis ..	19.61	45.65	0.00	5.42	20.00
TUBERCULOSIS ONLY :-					
Whole carcasses condemned ...	1	9	1	—	—
Carcasses of which some part or organ was condemned ...	157	346	—	—	—
Percentage of number inspec- ted affected with Tuber- culosis	23.83	54.03	0.40	0.00	0.00

Diseases of Animals Acts.

70 licences reporting movement of animals were received and 43 were issued during the year and the necessary visits of inspection were made.

Routine inspections were carried out during the year, but no offences were recorded.

Following outbreaks of Foot and Mouth Disease in Poynton in June and in Stoneclough, Manchester in December, Hyde was included in the "Infected Areas" but no cases arose in this Borough.

There was also one outbreak of Swine Fever in November, but only one farm was affected.

Shops Hours of Closing Acts.

Routine inspections were carried out during the year, but no offences were recorded.

SECTION IV.

General Curative Services available for the Borough.

General Medical Practitioners.

Thirteen General Medical Practitioners reside within the Borough to supply the requirements of the population in the capacity of family physicians.

Local administration of the General Medical, along with the Dental Pharmaceutical and Ophthalmic Services is provided by the Executive Council for Cheshire which superseded the National Health Insurance Committee on the 5th July, 1948 and with whom the Medical Practitioners are under contract.

Hospital and Specialists' Services.

The Borough is situated within the area which is administered by the Manchester Regional Hospital Board whose duty it is to deal with the planning and maintenance of Hospitals, Public Health Laboratories Tuberculosis and Blood Transfusion Services. It is also responsible for the organisation of the Consultant and Specialist Service for Patients attending Hospitals, at the Local Health Authorities Clinics, and, when necessary, in the homes of the patients. The local Hospital Management Committee is responsible to the Regional Hospital Board for the day-to-day administration of the Hyde Hospital, the Aspland Maternity Home and the Hyde Physiotherapy Clinic which, along with all similar premises in Ashton and Glossop, constitute one group within the region.

The facilities provided for the hospitalisation of acute general cases and for maternity and tuberculosis cases appear, on the whole, to have met the demand. The picture is, however, far from good for the more chronic types of ailment commonly found in the aged section of the community. The difficulty in affording residential treatment for these cases is no less acute than in the year 1948 when the Hospital Boards were set up to administer all types of hospital. Likewise the Institutional provision for infirm aged persons is inadequate. In both types of case, unless additional bed accommodation can be furnished a problem exists which will undoubtedly increase with the ever rising proportion of the population of those over pensionable age.

The patient whose ailment is such that prolonged nursing attention can be provided through the Domiciliary Nursing Service of the Local Health Authorities presents no great problem as a rule, and as long as other members of the family can attend to his needs between the times of visits by the nurse. So also can the needs of the aged and infirm be partly relieved by the assistance given by the Domestic Help Service. But a proportion of both types reaches such a stage in their existence when their distress can be relieved only by the whole time help available in hospital or other institutions.

SECTION V.

This Section deals with services transferred for administrative purposes on the 5th July, 1948, to the Local Health Authority, i.e. the Cheshire County Council, and includes the services available in Longdendale and Tintwistle, and of which the day-to-day administration is under the control of the Hyde Divisional Health Committee.

CARE OF MOTHERS AND YOUNG CHILDREN.

General Clinics and Welfare Centres.

Hyde (Parsonage Street). These premises belong to the Hyde Corporation and are rented to the County Council for use as an all purpose Clinic.

The sessions administered by the Local Health Authority are devoted to the care of mothers and young children and number three half-days per week. Services administered by Manchester Regional Hospital Board are provided upon eleven sessions per week—ten being devoted to Physiotherapy and one to Ante-Natal supervision.

The days upon which clinical and treatment sessions are held in these premises are summarised as follows:-

Monday to Friday: Physiotherapy treatment sessions both a.m. and p.m.

Tuesday p.m.: Ante-Natal, for cases to be admitted to Maternity Institutions and at which a Consultant and Staff from the Aspland Maternity Home attend.

Wednesday p.m.: Child Welfare at which two Health Visitors attend.

Thursday a.m. (1st and 3rd): Ante-Natal, for cases who desire their confinement to take place at home under the care of private practitioners and domiciliary midwives. A Medical Officer, Health Visitor and Midwives attend each session.

Thursday p.m.: Child Welfare and immunisation session, at which a Medical Officer and two Health Visitors attend.

Friday p.m.: Consultants weekly session at which an Orthopaedic Surgeon attends to direct all Physiotherapy treatments.

Friday (4th) p.m.: Paediatric session, at which a Children's Consultant and Health Visitor attend.

A disturbing feature in the number of attendances (as recorded on Page 32) at the Child Welfare Clinics is the fall in those held in Parsonage Street and Bayley Hall, at both of which the attendances diminished by approximately 15 per cent. The weekly records reveal that the decline has occurred during the latter half of the year. A causal factor is the reduced availability of medical staff.

The expansion of the work undertaken by the Hyde Orthopaedic After-Care Committee, which is in contract with the Regional Hospital Board to provide the staff and facilities for Physiotherapeutic treatment has shown no diminution during the year with an average attendance of 1,200 patients per month.

Because of the extended use now being made of the premises for the above and the expansion of the maternity services under the jurisdiction of the Hospital Board (added to which an Ante-Natal clinic for domiciliary cases was inaugurated during the year), the question of securing better waiting-room facilities for the opposite sexes and categories of cases is still a pressing requirement. Work now in hand will, to some extent, relieve the congestion upon the occasions when M. and C.W. and physiotherapy cases occupy all the available floor space at one and the same time.

During the year, improved means for Ambulances to be given more direct access to the building have been provided by the Orthopaedic After-Care Committee.

Members of the M. and C. W. Voluntary Committee assist the full-time staff in the keeping of records and the provision of tea to patients.

Supplies of infant foods etc. are available for sale, for which purpose a member of the full-time staff is on duty.

The mobile Blood Transfusion service of the Regional Hospital Board occupies the premises periodically on Sundays and during evening sessions.

For cleaning and maintenance purposes, a caretaker is employed and also occupies the residential flat in the building.

HYDE (Bayley Hall)—These premises form part of Bayley Hall, owned by the Hyde Corporation and situated in Hyde Public Park. Two sessions per week are held for child welfare and immunisation purposes. A Medical Officer and a Health Visitor attend the Friday session, that held on Monday is attended by a Health Visitor only.

Members of the M. and C. W. Voluntary Committee assist the Health Visitors, and a member of the clerical staff attends for the sale of foods etc.

Cleaning and general maintenance is undertaken by a member of the staff of the Parks Superintendent.

Internal decorations and treatment of floods have now been completed.

HOLLINGWORTH—The building on Wedneshough Green is used as a multi-purpose Clinic providing facilities for Ante-Natal, Chi'd Welfare and School Children, and for Immunisation sessions.

Accommodation is also provided for the storage of infant foods etc. and as a loan store for the nursing requisites previously accommodated at the Hollingworth Council Offices.

The days upon which the sessions are held, are as under:-

Monday (2nd): Immunisation, at which a Medical Officer and Health Visitor attend.

Tuesdays (2 to 3 p.m.): School Clinic at which a Health Visitor attends.

Tuesdays (3 to 5 p.m.): Ante-Natal, at which a Health Visitor and Midwife attend.

Thursdays (1st and 3rd): Child Welfare, at which a General Practitioner and Health Visitor attend.

TINTWISTLE—This Clinic is held in Christ Church School on the second and fourth Thursday of each month. The staff consists of a local Medical Practitioner and a Health Visitor.

Members of the local Ladies' Voluntary Committee assist by providing teas, the sale of infant foods and in clerical duties.

BROADBOTTOM—The Clinic is held in the Methodist Church School on the first and third Wednesday of each month.

The staff consists of a local Medical Practitioner and a Health Visitor, who are assisted by a local Ladies' Voluntary Committee as in the case of Hollingworth and Tintwistle Clinics.

The following figures indicate the number of young children dealt with during the year, including comparative figures of the average attendance with those for the past three years.

TABLE 1A (Children).

	Sessions	New Cases	Total attendance	Seen by Doctor	1949	Average attendances			
						1950	1951	1952	1953
Hyde (Parsonage St.)	103	177	5849	728	74	64	62	67	57
Hyde (Bayley Hall)	99	145	3502	496	43	41	44	46	35
Hollingworth	...	24	56	379	48	72	71	61	66
Tintwistle	...	24	25	678	28	24	19	31	28
Broadbottom	...	24	17	665	35	35	32	32	28

TABLE 1B (Mothers).

				Number of Sessions	New Cases	Total Attendances	Seen by Doctor
Parsonage Street (ante-natal)	...	...	...	42	27	69	69
Parsonage Street (post-natal)	...	...	...	—	1	2	2
Dental (ante-natal)	...	...	...	—	10	22	22
Dental (post-natal)	...	...	...	—	31	60	60

Specialised Clinics.

A Paediatrician attends upon one session per month and an Orthopaedic Surgeon once per week to both of whom cases may be referred by General Practitioners and Medical Officers.

A Gynaecologist also attends once per week for cases referred for the Ante-Natal supervision of cases wishing to enter Hospitals or Maternity Homes for their confinement period.

Ophthalmic and Dental cases are referred to the Clinic premises in the Reform Club each week.

TABLE II.

	New Cases	Total Attendances	Seen by Doctor
Paediatric	8	15	15
Orthopaedic—(Hospital Clinic)	97	200	197
Gynaecological (Ante-natal Hospital Clinic)	*403	806	403
Ultra Violet Ray	102	1085	85
Ophthalmic	1	3	3
Dental—Children	63	94	94
Dental—Mothers	41	82	82

*75 per cent. of these were Hyde residents.

TABLE III.
WELFARE FOODS

	Proprietary Packets	Milk Foods Total Sales	Other Nourishments Total Sales
Hyde—Parsonage Street	1963	£293 12s. 4d.	£202 6s. 7d.
Hyde—Bayley Hall	1467	£219 13s. 8d.	£117 6s. 2d.
Other Clinics (supplied by Voluntary Committee—Amounts not available)			

Visiting in the Homes by Health Visitors.

The present establishment of Health Visitors for the Division is five in number. In addition to attendance at the various Clinics, these nurses form a very important link between the patient and other sections of the general health services. Their duties under the National Health Act have extended materially by the inclusion of home visiting of cases coming under the categories of Tuberculosis, Mental ill-health, the Aged and Infirm, and other physically handicapped persons, as well as the duties previously undertaken for the promotion of child welfare.

The figures contained in the following Table cover only their work for which this Committee is responsible and can be estimated at approximately 75% of their full duties. In their capacity as School Nurses they, in addition, are responsible for the home visiting of ailing school children cleanliness inspections, clinic treatment of scholars, and liaison with other officials responsible to the Divisional Education Executive.

TABLE IV.
NUMBERS AND TYPE OF VISITS TO THE HOMES.

	Mothers Ante Natal	Children Under 1 yr.	Children 1-5 years	School Children	Re Home Helps	T.B.	Mental Cases	Other Care and After- Care
Hyde ...	256	2958	5614	321	197	503	32	243
Other ...	233	1138	2080	102	43	55	6	96
1953 ...	489	4096	7694	423	240	558	38	339
Total								
1952 ...	366	4160	6552	402	207	505	36	321

The total number of visits paid was 13,877—an increase of 1,289 over the previous year.

Factory Nurseries.

Two Industrial Day Nurseries in the Division have received supervisory attention by the Divisional Medical Officer, and the children have been medically inspected by the Assistant County School Medical Officer.

Domiciliary Nursing Services.

For the Hyde area two full-time nurses reside at 17, Henry Street, Hyde, previously owned by the Hyde District Nursing Association and now the property of the County Council. The living conditions are good and there is adequate room for the storage of nursing equipment for issue on terms of loan to patients. Painting of the exterior is due for attention.

The two full-time nurses accommodated in these premises are assisted by one part-time non-resident nurse in serving the needs of sick persons in their own homes.

Two motor-cars are now available for the full-time nurses and these have enabled the work to be undertaken by a reduction of one part-time nurse.

Two full-time nurses, residing in their own homes, cover similar requirements in the Longdendale and Tintwistle areas. One of the nurses owns a motor-car, which enables her to cover the rather scattered district allotted to her, the running costs being borne by the County Council.

The number (with comparative figures for 1952) of cases attended by the District Nursing Service of the Division are as under and reveals an increase of 1,355 visits having been paid compared with the previous year's number.

	Cases (1952)	Total Visits Paid (1952)
Hyde	425 (400)	10530 (9210)
Mottram and Broadbottom ...	92 (116)	2634 (3013)
Hollingworth and Tintwistle ...	123 (84)	3509 (3095)
	<hr/> 640 (600) <hr/>	<hr/> 16673 (15318) <hr/>

Provision of Nursing Requisites.

Patients nursed in their own homes by the Domiliary Nurses can be provided with nursing requisites on a loan basis. Such articles as bed-pans, crutches, wheel-chairs, etc., are stored at the house (17, Henry Street) provided for the resident nurses in Hyde. A small returnable deposit enables most of these articles to be obtained, and only in the case of wheel-chairs, beds and the more expensive articles is a small weekly charge made in addition to the deposit.

The following requisites have been issued during the year from this store :-

Air-rings	...	...	...	...	78	Wheel-chairs	...	...	...	12
Rubber-sheets	...	...	...	...	40	Crutches	...	...	...	10
Bed-pans	...	...	...	...	51	Bed-cradles	...	...	...	1
Back-rests	...	...	...	...	27	Others	...	...	...	7
Urinals	...	...	...	...	30					

Returnable deposits on equipment loaned to patients amounted to £35 16s. 0d., and £15 8s. 0d. was received for rentals of wheel-chairs.

In the case of Mottram and Broadbottom areas, two small stores are kept in private houses for which a rental of 10/- per annum is paid to the occupants.

For cases in Hollingworth and Tintwistle districts nursing equipment is stored at the Hollingworth Clinic.

Nurses Residence—Shaw Hall.

This house has been kept in a good state of repair, external decorations having been completed during the year.

These premises owned by the County Council, comprise one furnished and one un-furnished flat for which rentals are charged to the nurses. The ground floor furnished accommodation was occupied throughout the year by a Health Visitor attached to the Hyde Division. The upper floor is occupied by a Health Visitor attached to the Stalybridge and Dukinfield Division, the necessary furniture having been supplied by that Division.

VACCINATION AND IMMUNISATION.

Vaccination.

The following statistical information is given from particulars received from general practitioners, although it is possible that the actual figures may to some extent exceed those reported to the department.

	Age under 1	1	2-4	5-14	15 and over	Total 1953	(1952)
Number vaccinated	132	13	37	76	54	312	(109)
Number re-vaccinated	—	—	2	6	88	96	(39)

A feature of these figures is the appreciable increase in the number of primary and re-vaccinations, as compared with any recent year—a three-fold increase being recorded as compared with 1952.

This improved degree of protection can be regarded as the result of increased efforts to give publicity to the dangerous low level of the immunity now prevailing among the community, and also to the possible transmission of Smallpox through the agency of raw cotton coming to the locality from abroad.

Vaccination against Tuberculosis.

This comparatively new expansion of the preventive health services has, up to the present, been restricted, through lack of sufficient protective material and inadequacy of staff, to allow of much progress being made in the effort to combat Tuberculosis.

At present B.C.G. vaccination is available to children and nurses who are close contacts of actual cases of this disease, and the treatment is available only at the Chest Clinic and hospitals in this vicinity—the number treated being 16 during the year.

The extension of this treatment to school children in the 13 age group which has now been approved by the Ministry of Health, must remain in abeyance unfortunately until an additional part-time clerk for this Division is approved by the County Council.

Immunisation against Diphtheria and Whooping Cough.

The figures contained in the following table indicate the protective treatments given against both these serious diseases of childhood and are grouped together as it is common practice in the majority of cases to use a protective agent which is affective against Whooping Cough and combined with that which has for so many years been effectively used against Diphtheria.

	Primary and Reinforcing Treatments				Total under 15	
	Ages under 1	1-4	5-9	10-14	1953	(1952)
Diphtheria Primary	165	170	44	1	380	(494)
Diphtheria Booster	—	—	174	1	175	(421)
Whooping Cough (Primary)	160	163	10		333	(466)

The 1953 figure reveal a decided decrease on those for 1952 and which can be ascribed to (a) a period of some weeks when no Assistant M.O. was available at the Clinics (b) to curtailment of treatment during the prevalence of Infantile Paralysis in this county. There are indications also that all treatments given by general practitioners at their surgeries are not reported to the department, the number of children entering infant schools who have not been immunised since birth being few in number. It is the practice to give only re-inforcing treatment against Diphtheria to new entrants to school, and an opportunity is then given for the previously unprotected children to have an initial course of treatment.

Reinforcing treatment against Whooping Cough is not included at this age as the severity of the disease diminishes by the time the child reaches five years.

No case of Diphtheria has now occurred for seven years, and cases of Whooping Cough are now rare in protected children.

DOMESTIC HELP SERVICE.

Unlike the various types of service available under the National Health Service Scheme where treatment of sick persons both in their homes and in hospital is obligatory upon the State and free of cost to the patient, domestic assistance during illness or infirmity is not obligatory upon the Local Health Authorities, nor must it be included among those services which are provided at no direct cost to the applicant.

In each case where a reduction of the full charge of 2/9 per hour has been approved by the Committee, particulars of the household income must have been revealed by the applicant, and the charge is assessed depending upon the net income of the household—allowances being made under certain specific headings.

The number of Domestic Helps employed has varied throughout the year but at no period can it be said that this type of work attracts suitable new entrants to a service for which a wage of approximately 2/4½ per hour is paid.

Those employed are engaged as temporary staff, two upon a maximum of 44 hours per week basis (full time) and a number which has varied between 4 and 6, upon a part-time basis, depending upon the number of hours they themselves prefer to work and the amount of work available to them. At the close of the year, there were available 2 full time and 5 part time members of the staff, all employed on this basis.

The number of hours worked during the year was 8,068 among 79 cases.

The cost in wages etc. for this work amounted to £1063 towards which £274 14s. 3d. was chargeable to the applicants.

Arrears of debt amounting to £5 11s. 5d. were "written off," as irrecoverable, by the Committee.

As the result of the high cost of this service to the County Council during previous years, an amended method of assessing the charge to the patients became operative from the 29th June this year.

The number and type of cases for whom domestic assistance was provided during the year along with comparative figures () for 1952 are shown below :-

Maternity Cases	...	...	...	...	...	9	(10)
Chronic Sick or Infirm	...	...	...	...	...	61	(69)
Other Sick Persons	...	...	...	...	...	9	(8)
Total ..						79	(87)

Most of the applicants are in the aged and infirm category and it is for this class of case especially that the service is a boon, and for whom it should be extended. Many in this category who suffer from chronic illness in addition to infirmity are unable to obtain admission to hospital or other residential accommodation because of the inadequacy of staff and beds. Consequently they require assistance in maintaining themselves in their homes as well as medical and nursing attention. Many have no relatives who will or are able to care for them. Some of them live alone, and, except for the few hours upon which a Domestic Help can be provided during daytime, they are homebound in their own company for the remainder of the day and all night. Others again prefer to live under these circumstances, and object to entering residential accommodation if available to them.

Whereas no necessitous cases have been refused domestic assistance, this has frequently been inadequate, primarily through the lack of suitable applicants to do the work, and, to a lesser extent, through financial limitations imposed on the service by the County Council. This has meant that what assistance has been available, has had, of necessity, to be spread out over a large number whose need is for more frequent and prolonged attention.

CONVALESCENT HOME TREATMENT.

During the year, 6 persons (3 children and 3 adults) received convalescent treatment under the County Scheme in Homes at West Kirby and Southport. In addition, a mother and her two children were accommodated for a period of two weeks at the Brentwood Recuperative Centre, Marple. The total cost amounted to £132 16s. 0d. towards which £62 6s. 2d. was recoverable from the patients.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

Tuberculosis.

While the Consultant Chest Physicians carry out the major part of their duties at the Chest Clinics administered by the Hospital Boards part of their time is allocated to the Local Health Authorities, thereby ensuring some degrees of co-ordination between these two sections of the service. This form of set-up allows scope for co-ordination between the officials of both types of Authority.

Much assistance has been rendered through the good relationship which has been maintained between the housing and medical departments of the Borough Council, thus enabling suitable tuberculous cases to obtain living conditions of modern standards in more open sites—an essential feature of any effort towards the lasting recovery of the patient and the prevention of the disease from spreading to others.

Upon the preventative aspect also must be mentioned the facilities given for the protection of contacts of patients by B.C.G. inoculation as indicated on Page 36.

The numbers recorded in the register on the 31/12/53 were as under:-

	Males		Females		Total
	Pulm.	Non Pulm	Pulm.	Non Pulm	
Hyde.....	78	21	71	22	192
Longdendale ...	6	6	5	5	22
Tintwistle	1	-	-	1	2
Total	85	27	76	28	216

Care of the Aged.

The Health Visitors pay numerous visits to the aged and infirm members of the community in response to requests made by doctors and other interested persons. In some cases the conditions under which the person is living can only be overcome by admission to residential accommodation under the control of the Welfare Department of the Cheshire County and which is so often not available without a waiting period of many weeks duration. The provision of domestic helps is the only alternative and usually an inadequate substitute.

The majority, preferring to remain in their homes, provide most of the work of the Domestic Help Service, and, along with neighbourly help manage to maintain themselves reasonably well upon the financial allowances provided by the State.

The number of these found to be in distress appears to be diminishing although pathetic instances occur from time to time when adequate attention has had to be withheld through shortage of domestic staff.

Mental Health and other duties of D.A.O.

Mr. J. Thompson, the duly Authorised Officer for the Hyde and Stalybridge District has investigated within the Hyde Division, 57 cases referred to him on mental grounds, 37 of whom were admitted to mental hospitals and 7 for treatment at out-patient clinics.

Regular visits have also been paid by him to male mental defectives in their own homes and for the after-care of patients discharged from mental hospitals with a view to assisting them to rehabilitate themselves in public life.

His assistance has been requested in arranging on behalf of general practitioners for the admission of 17 Chronic Sick cases to hospitals and of 7 homeless persons to Institutional Accommodation on behalf of the County Welfare Officer.

AMBULANCE SERVICE.

The Hyde Division of the Cheshire County Ambulance Service operates in the districts of Hyde, Longdendale, Bredbury and Romiley and Tintwistle, covering an area of 23,832 acres of industrial and moorland country from Marple to the Yorkshire boundary at Holme Moss and populated by 55,338 persons.

In accordance with a decision of the County Health Committee which became operative on the 1st January, 1953, the Stalybridge and Dukinfield Divisional Health Committee assumed responsibility for the service in the Dukinfield area and the Hyde Divisional Health Committee was required to provide an Ambulance service in the Tintwistle area from the same date for a trial period of six months.

The staff consists of one Supervisor, one Driver/Mechanic, three Attendants, one part-time and eleven full-time Drivers, the following changes in personnel having taken place during the year:-

Driver—J. Bradley (died 5th February, 1953).

Driver—G. Walker, (appointed 30th March, 1953).

Clerk/Attendant—J. Knowles, (died 16th October, 1953)

Driver—J. Hannible, (appointed 14th December, 1953).

Attendant—A. Whitehead, (retired 31st December, 1953).

British Red Cross Society proficiency certificates were awarded to 14 members in January 1953. One driver is a member of the St. John Ambulance Association.

The Diploma of the Royal Society for the Prevention of Accidents, which is awarded annually to drivers who have been free from blame-worthy accidents during the year was awarded to ten of the staff.

The following table shows that the Hyde Ambulance vehicles made 8,416 journeys and conveyed 16,900 patients a total distance of 99,015 miles. Emergency cases requiring immediate attention, such as road, industrial and home accidents, sudden illness, maternity and other urgent cases accounted for 1,419 calls.

Area	1		2		3	
	Journeys		Patients		Mileage	
	(a)	(b)	(a)	(b)	(a)	(b)
Hyde.....	3,659	1,082	8,731	1,883	36,268	11,848
Bredbury & Romiley	1,183	322	2,322	612	17,702	5,013
Longdendale	1,055	290	1,543	415	11,197	3,959
Tintwistle	273	81	347	101	3,360	1,088
Marple, Glossop Stalyb. & Duk'd.	29	95	38	285	403	2,019
Infectious Cases	347	-	623	-	6,158	-
	6,546	1,870	13,604	3,296	75,088	23,927
Total (1952 in brackets)	8,416 (9,600)		16,900 (17,321)		99,015 (94,193)	

(a) denotes Ambulances. (b) denotes Sitting-case vehicles.

Details of journeys in the Dukinfield area are included in the 1952 totals and are as follows: -

2,304 Journeys 4,448 Patients. 17,041 Miles

Arrangements were made during the year for the long-distance transport of thirteen patients by ambulance and train for a total distance of 1330 miles to York, Lincolnshire, Chester, Sheffield, etc. The system is advantageous to both the patient and the Ambulance Service, ensuring a faster and more comfortable journey for the patient and leaving ambulances and men available for other duty within the Division.

The following particulars relate to the vehicles in use during the year:

Ambulance	Year	Make & h.p.	Mileage Completed	Remarks.
CKC486	1937	Humber 18	58,056	C.D. reserve, - transferred to N.E. Ches. Div. 10.7.53
FLG289	1938	Austin 24	197,035	Transferred to S.W. Ches. Div. 9.11.53.
BBN340	1940	Austin 28	113,766	C.D. reserve used for I.D. Cases. Garaged at Hyde Hospital from 10.7.53
KLG402	1940	Bedford 28	82,181	
MMA473	1950	Bedford 28	87,623	
MMB293	1950	Bedford 28	97,781	
OTU184	1952	Austin 28	4,579	
Sitting-case vehicles				
DJA394	1949	Vanguard 18	85,692	
RTU593	1953	Morris 14	6,327	Delivered 29.9.53
NTU645	1952	Austin 16	48,154	Belonging to N.E. Ches. Div Temporarily transferred to Hyde 30.11.53.

The C.D. Ambulance is located at Hyde Hospital and normally used for infectious cases. The other vehicles are garaged in the Market Stores building in Oldham Street.

Whilst the accommodation for both staff and vehicles is adequate, considerable inconvenience is encountered through the position of the Enquiry Office in its relation to the entrance used by the public in cases of emergency and when booking appointments for patients during hours of darkness.

The provision of a new external door leading from the main street has upon several occasions in recent years received consideration by both parties using the building, but no agreement has so far been reached. This matter should again be given priority as an improvement to which the public is entitled.

SECTION VI.

THE HEALTH OF THE SCHOOL CHILD.

The following particulars relate to various aspects of the examination of the school children and give only those which are of a general character. The figures relate to children within the Borough only and exclude Longdendale and Tintwistle.

	Total
The number of children on the registers on 31/12/53, Seniors,	
Juniors, Infants	4307
" " examined as age groups—Seniors 310 ;	
Juniors 428 ; Infants 722	1460
" " examined as specials	9
" " re-inspected	345
" " of excellent nutrition	25.63%
" " normal or nearly normal	73.14%
" " badly nourished	1.23%
" " of those examined who required medical	
treatment	5.40%
" " of those examined who require further ob-	
servation	15.27%
" " found to require spectacles	101
" " examined for spectacles (including re-exam-	
ination at Clinics)	303
" " examined by the School Dentist in schools	2966
" " found to require treatment	1105
" " treated in clinic	1407
" " treated under a general anaesthetic	394
" " attendances at Dental Clinic	2285
" " examined by School Nurses for unclean-	
liness	14920
" " found to be verminous	4.0%
The number of attendances at the Orthopaedic Clinic	388
The number of attendances at the U.V.R. Clinic	696
The number of cases treated at the School Clinic	604
The number of attendances by the above cases	1051
The number of examinations and re-examinations by Medical Officer	
in Clinic	364
The number of Visits to parents by School Nurses re children ...	110

